

Carefully Fill Out This Card and Forward at Once to Dr. J. S. Billings, Jr.

WF
200C697 NY
DEPARTMENT OF HEALTH

Sixth Ave. and 55th St., New York

We have to-day referred to the Clinic for Communicable Pulmonary Diseases. Date 190

Name _____

Address _____

Name of Institution or }
Person Referring Case } _____

(OVER)

GIVE THIS HALF OF CARD TO PATIENT

Clinic for Treatment of Communicable Pulmonary Diseases**DEPARTMENT OF HEALTH**

NEW YORK

967 Sixth Avenue, near 55th St.

NLM

Name _____

Address _____

Date _____ Referred by _____

(OVER)

Assigned to _____ Date _____

To visit and ascertain why patient has not applied at clinic
for treatment.

1st visit _____

2d visit _____

Signature _____

(Nurse.)

BRING THIS CARD WITH YOU

**HOURS—10 a.m. and 2 p.m. every week day. 8 p.m. Monday,
Wednesday and Friday.**

BRINDE DIESE KARTE JEDESMAL MIT

**STUNDEN—10 Uhr morgens und 2 Uhr nachmittags, an allen
Wochentagen; 8 Uhr abends nur an Montag,
Mittwoch und Freitag.**

PORATE QUESTA CARTA CON VOI

**ORE—10 a.m. e 2 p.m. ogni giorno (eccetto giorni festivi e
Dominica). 8 p.m. Lunedì, Mercoledì e Venerdì.**

ברעננט דיא קארטע.

דיע קליניק אוין אפערן: טעגלאך אום 10 אחר מארעננס אונד 2 אחר נאכמייטאג,
מאנטאג, מיטוואץ אונד פרײטאג אויך אום 8 אחר אבענדס.